

Housing Quality Standards Inspection Signature Page

Tenant Name: _____

Street Address: _____

City: _____

Apartment/Unit #: _____

Inspection Date: _____

Pass or Fail (circle one)

List Outstanding Items that should be re-inspected below:

Inspector Signature: _____

Re- inspection Date: _____

Pass or Fail (circle one)

List Outstanding Items that should be re-inspected below:

Inspector Signature: _____

Re- inspection Date: _____

Pass or Fail (circle one)

List Outstanding Items that should be re-inspected below:

Inspector Signature: _____